

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10584008

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2		/	/	/	/	/	52						
3		2	/	/	/	/	53						
4		2	/	/	/	/	54						
5		1	/	/	/	/	55						
6		1	/	/	/	/	56						
7		1	/	/	/	/	57						
8		1	/	/	/	/	58						
9		1	/	/	/	/	59						
10		1	/	/	/	/	60						
11		1	/	/	/	/	61						
12		1	/	/	/	/	62						
13	/		/	/	/	/	63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		1										
TOTAL DEP.	13		12										
TOTAL CLAIMS	15		13										